



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF LICENSING AND CERTIFICATION**  
**Family Provider Service Option**

For the provision of home care services, not requiring licensed personnel.

SECTION 1: Provider Information			
Individual's Name:		MaineCare Number:	
Physical Address:			
City:	State:	Zip:	County:
Mailing Address (If Different)			
City:	State:	Zip:	County:
Telephone Number:		Email Address:	

SECTION 2: Fees	
Registration Type:	
<input type="checkbox"/> New Registration (fee \$25) or;	
<input type="checkbox"/> Annual Renewal Registration (fee \$25)	
Registration Renewal Period (dates): _____ to _____	
Total Fee Enclosed for application ..... \$ <u>25.00</u>	
<b>Make check or money order payable to "Treasurer, State of Maine". Do not send Cash. Credit Cards are not accepted at this time. Application fees are non-refundable.</b>	
Total Check/Money Order enclosed: \$ = _____	

SECTION 3: Family Service Provider Option	
Please select all boxes that apply:	
<input type="checkbox"/> EIM <input type="checkbox"/> Alpha One	
<input type="checkbox"/> I manage my own services. <input type="checkbox"/> I manage a family member's services:	
1. Family member's name: _____ Relationship: _____	
2. Family member's name: _____ Relationship: _____	

SECTION 4: Declaration		
<ul style="list-style-type: none"><li>The applicant certifies that all information contained in this application is true and correct to the best of his/her knowledge.</li></ul>		
<hr/> <b>Print name of Provider</b>	<hr/> <b>Signature of Provider</b>	<hr/> <b>Date</b>

*Mail application to address below and for questions regarding this program and/or application, please contact the following:*

Department of Health and Human Services  
Licensing and Certification – MFU  
41 Anthony Avenue 11 State House Station  
Augusta, ME 04333

Tel: (207) 287-9300    Toll Free: 1-800-791-4080    TTY users call Maine relay 711    Email: [dlrs.info@maine.gov](mailto:dlrs.info@maine.gov)

Office Use Only:			
Check# _____	MO # _____	Amount \$ _____	Initials: _____ License# _____